HIT Policy Committee
Information Exchange Workgroup
Draft Transcript
June 25, 2012

Presentation

Operator

All lines are bridged.

MacKenzie Robertson – Office of the National Coordinator

Thank you, good morning everybody; this is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Policy Committee's Information Exchange Workgroup. This is a public call, and there will be time for public comment at the end. The call is also being transcribed so please make sure you identify yourself before speaking. I'll now take roll. Micky Tripathi?

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Micky. Hunt Blair? Tim Cromwell? Jeff Donnell? Judy Faulkner? Seth Foldy? Jonah Frohlich? Larry Garber?

Lawrence Garber – Reliant Medical Group – Medical Director for Informatics

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Larry. David Goetz?

Dave Goetz – OptumInsight – Vice President for State Government Solutions

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Dave. James Golden? Jessica Kahn? Charles Kennedy? Ted Kremer?

Ted Kremer – Cal eConnect – President & CEO

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Ted. Arien Malec? Deven McGraw? Stephanie Reel? Cris Ross? Steven Stack? Chris Tashjian? Jon Teichrow? Amy Zimmerman?

Amy Zimmerman – Rhode Island Department of Health & Human Services

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Amy. Is there any staff on the line?

Michelle Nelson – Office of the National Coordinator

Michelle Nelson, ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Michelle.

Kory Mertz – Office of the National Coordinator

Kory Mertz, ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Kory. Okay, Micky I'll turn it over to you.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Okay, great, thank you MacKenzie. Welcome, everyone, to the Information Exchange Workgroup. I know we have a little bit lower attendance today, I think, I don't know what's going on but we did hear from a number of people who can't make this call which just means that just, you know, a core group of 4 or 5 of us get to decide what's going to happen in Stage 3.

M

Excellent.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Yeah, so today what we wanted to do is really just begin our thought process for what's going to unfold over the next couple of months, which is more detailed deliberations leading to a set of recommendations about Stage 3 objective requirements, etcetera, focused on health information exchange and interoperability. So, let me just see where we are here.

So, with that in mind we wanted to focus today really just on a general conversation just so we could, you know, sort of have a discussion of principles, sort of a little bit of information on where are we, what, you know, to the extent that there is any information that we have out there from the market on what's been successful, what are people struggling with in the way of health information exchange, want to be able to, you know, bring that to the table so that will be a part of the meeting where Michelle Nelson, I think, will walk us through some of the information that they've been able to get from the REC Program, which granted is a narrow group of providers, primary care, small practice primary care in health centers for the most part, so it's just one segment of the provider landscape but that said, it's a place where we do have some data and so that might be important for us to, you know, sort of at least understand where any obstacles, that that cohort of providers have been facing on their way to Meaningful Use and can help inform us as we think about what might be the barriers and the opportunities for Stage 3 going forward.

So, wanted to give a little bit of the background there and then really have a broader discussion really along the lines of, you know, sort of principles and strategic principles and vision about, you know, how should we think about what's the next level of information exchange, what do we think are the big barriers that might be in the way with respect to any particular vision and then how do we … you know, which ones of those are addressable and what are the things that we might need to put in place in the way of policy recommendations that, you know, CMS and ONC obviously could put in place to be able to help us get over those barriers to be able to have providers have a reasonable chance of being able to achieve whatever Stage 3 objectives we would follow from that particular vision.

So, if you could advance the slide, please? Next slide, yes. So, as I said, I mean, the goals for today are, you know, we're just about to start development of recommendations for the Stage 3 Meaningful Use objectives, thought it would be a good time to reflect, as I said there is no hard deliverable for the meeting, though it certainly might help us later on if we're able to come to some kind of consensus on high level goals in a way, and you know, and again these can be as high level as we want them to be, but, you know, like with anything if we're able to come to some view on some key first principles that can help guide us later, you know, that's always helpful.

And some specific questions for us to consider and we'll come back to these questions later, but just thought it would be helpful for us to, you know, plant the seed in all of your minds now as your thinking about some of the information that Michelle is going to walk us through having these questions in the back of your mind.

So, you know, first question I think is just the basic question, again, you know, high-level question but what is the next level of health information exchange beyond what's in Stage 2 and Stage 3? I mean Stage 1 and Stage 2, sorry, recognizing that Stage 2 isn't finalized yet, but I think we all have a pretty good sense for, you know, where 95% of that is going to land anyway. So, as we think about that how do we think about what's then next level and in a way it might be almost in the way of, you know, if you're explaining to, you know, to your best friend, to your mother, who is generally knowledgeable but not particularly knowledgeable in the area of health information technology, how would we characterize, oh, the next phase of health information exchange is this, you know, what is that, how would we think about that?

And then, you know, the next following question would be, well, what are the key barriers to taking it to that level and, you know, how do we address those? So, can those barriers be addressed between now and October 15th, so we'll look a little bit at the timeline in a second, but October 15th would be the start of the Stage 3 reporting period. So, you know, where here in June 2012 and, you know, certainly there is a whole bunch of things that, you know, are still underway and we're really at the beginning of the beginning, we're still in Stage 1 out of station period and we're talking about Stage 3, so I think we need to be able to, to the best extent that we can, try to think forward and ask ourselves, well we're talking about, you know, 3 years and 3 or 4 months from now, so let's project forward and put on, you know, sort of use that frame to think about what do we think is accomplishable between now and that period in the way of base infrastructure, base processes that could then be a meaningful set of objectives from there going forward.

So, there are a certain set of things that we might, you know, want to project and say, well we think over the next 3-to-3.5 years the market driven by regular market imperatives, as well as by Meaningful Use, will make a certain amount of progress in particular areas, and we should take those as given to the extent that we can identify those and then say what's a reasonable set of objectives to build on top of where we think the market will be at that time, not about objectives based on where the market is today, 3 years is a long time.

So, finally, I think a set of questions, and there's another one that's related to this last bullet in the slides later, which is what role can and should CMS and/or ONC play to get us to the next level both for Stage 3 and beyond, I mean it's hard to believe, but we're now contemplating Stage 3 and right now there is nothing formal written in statute or regulation for what happens beyond that, so we may want to give a little bit of thought to that and there is a parallel question which is about the Standards Committee and the Policy Committee, again they were created by HITECH intimately related to the Meaningful Use program both on the certification side as well as on the incentive side, you know, we might want to give thought to what roles they can play going forward as we think about the next level here.

So, pretty easy set of questions, I think we ought to be able to come to a nice tidy conclusion by the end of the meeting. So, let me pause here and see if there are just any general questions on this before we dive in? We all set?

M

Yes.

M

Yes.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Okay, great, so if you could advance the slides.

Peter Devault – Epic Systems Corporation

Micky, I just wanted to let you know that I joined, this is Peter Devault.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Oh, great, thanks, Peter. So, first I'm just going to cover and then I might turn it over to Michelle or Kory in a flash to talk a little bit about the timeline just to give an overall framework so we're all on the same page about, well what's the timeline of, you know, when do the different Meaningful Use stages kick in from a reporting stand-point just so we're all in … and how long do they last, because certainly as I was looking at the NPRM there were certain things that just were obvious to me when I first starting looking at that, and then they all are logical, you know, sort of outgrowths of what the different, you know, sort of dates and programmatic requirements that were laid out in the HITECH law would suggest, but, you know, I haven't really thought through exactly, you know, what that meant as the years unfold, so I think that might be a useful place for us to start as we think about when Stage 2 kicks in, when Stage 3 kicks in, you know, how long Stage 1 lasts all of those questions.

And then the second set of things then is we'll talk about the detailed process for the Stage 3 recommendations and ultimately final rule development, so we can, you know, kind of take a look at that and say, well what is that overall timeline from a Policy Committee and CMS, ONC perspective. And then finally, we'll look at a more detailed timeline about how our workgroup fits into that structure.

So, the first slide here is just, I've pulled it right out of the NPRM and it's been one of the early pages of the NPRM which just describes when the different stages of Meaningful Use kick in and as I said and these are all fiscal years, remember. So, when I was describing that October 2015 would be the first reporting period for Meaningful Use, you can see that that, you know, says 2016 there, because the fiscal year 2016 will begin in October 2015 and assuming this follows the same pattern as it has in previous stages the hospital reporting period would begin at the beginning of fiscal year 2016, which would be October 2015 and then the eligible providers would begin on January of 2016.

So, as we think about this, what we're talking about is again anticipating forward where the market will be by October 2015 and then thinking about what's a reasonable set of objectives and requirements to have incorporated in Stage 3 from that point going forward. So, three years from now, you know, three and a quarter years from now and I think, you know, as you can see, also, you know, you can see where Stage 2 kicks in as well, which is about, you know, 15-16 months from now, so anticipating a final rule by the end of the summer, early fall for Stage 2 and then the market having a year before the reporting period, that would begin in the beginning of fiscal year 2014, which would be October 2013.

The other thing that actually came as a surprise to me, as I was thinking about this, and it's not necessarily germane to this, but it's you know, probably useful background, is how long Stage 1 lasts, I mean if you kind of think about it, you know, this program rose over time and that, you know, it's not a requirement or a mandate as well all know, it's really just a process where you would get penalized starting in 2016 I guess if you haven't met Meaningful Use, but the implication of that is that you, you know, have the Meaningful Use stages rolling through time and extending out beyond that period. So, Stage 1 in particular, you know, we're out until 2018 of someone being able to have the opportunity to have a first year payment on Stage 1 Meaningful Use, which, you know, I myself hadn't thought about as extending that long.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Micky, this is Amy; just refresh me here, because I'm confused, I thought Medicaid lasted longer than Medicare?

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

That's, right, yeah, you're absolutely right, so this is Medicare I think.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Or is it … ?

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

I think Medicaid lasts longer, right?

M
Yeah, so I think the payments when it's reflecting after 2015 are the Medicaid timelines, because that goes up to 2021.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer
Is that right?

Amy Zimmerman – Rhode Island Department of Health & Human Services
That's what I'm saying I don't think this is all of Medicare; I think this reflects more of Medicaid.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer
Ah, okay, so I think it's both.

Amy Zimmerman – Rhode Island Department of Health & Human Services
Am I correct?

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer
It's both really.

Michelle Nelson – Office of the National Coordinator
Right.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer
Right.

Amy Zimmerman – Rhode Island Department of Health & Human Services
Okay.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer
Okay, good, thank you, that helps me.

Amy Zimmerman – Rhode Island Department of Health & Human Services
Yes.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer
Okay, so unless there are any questions on this slide let's turn to the next one please. So, this one is just looking at the Stage 3 development timeline and let's see Michelle you can walk … I don't know can I ask you to walk us through this or do you want me to walk through it?

Michelle Nelson – Office of the National Coordinator
I can walk through it.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer
Okay, thanks.

Michelle Nelson – Office of the National Coordinator
I will caveat and say that there may be changes but up until December of 2012 I think is pretty solid, it's what comes after that. So, what this group is hoping to do is, in August, have a preliminary idea of what they would like to see in Stage 3 and that will be presented at the Health IT Policy Committee on August 1st and then in September hopefully the final rule will be published and then the Workgroup, so all of the Workgroups, the Meaningful Use Workgroup, the IE Workgroup will come back and review their recommendations and reconcile with what was in Stage 2 and make sure what needs to be changed is updated for Stage 3, and then will come back in October at the Health IT Policy Committee and bring forth final recommendations for Stage 3.

Then coming out of the October Health IT Policy Committee we hopefully will have a draft request for comment which will be distributed to the public for Stage 3 and then early November that request for comment will be distributed, and then ONC staff will have that hopefully right before the holidays.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Michelle, just one clarifying question.

Michelle Nelson – Office of the National Coordinator

Yes, sorry.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

So, the request for comment is issued by the Policy Committee, correct?

Michelle Nelson – Office of the National Coordinator

Correct, I'm sorry; yes it's issued by the Policy Committee and we're hoping to get that out early in November so that, you know, people won't be working over their holiday to provide their comments, at least the public won't. Then come back have it due right before the December holidays and then ONC staff will synthesize comments in January and then bring forth to the Health IT Policy Committee to reconcile what came out of the request for public comment, and hopefully through all of that process will by March/April timeframe have a draft transmittal letter. So, those dates in early 2013 may change, but we don't expect to change the RFC deadline which is December of 2012. So, I don't want to go through the 2013 dates just yet because those are definitely subject to change and we're still talking about those internally right now. But this is a draft of where they're at right now.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Okay, great, thanks and I think I was the one who made up, literally made up a lot of the later ones, so I can take the blame for that.

Michelle Nelson – Office of the National Coordinator

No, no, no, those make sense if we follow the timeline, but there could be changes.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

All, right, okay, great.

Lawrence Garber – Reliant Medical Group – Medical Director for Informatics

Micky?

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Yes, go ahead.

Lawrence Garber – Reliant Medical Group – Medical Director for Informatics

Yeah, Micky, this is Larry, I just had a question. It seems like the Standards Committee has a very small role the way this is looking, is that really true or will they pick up more in 2013?

Michelle Nelson – Office of the National Coordinator

No, so, again this timeline is focused on the Health IT Policy Committee more than the Standards Committee and we're hoping you have more of an iterative process so that we can have direct hand-off. So, for example, if something comes up within the IE Workgroup and we know that, you know, you need standards for it then we can just work with the Standards Committee, a workgroup of the Standards Committee to get an answer on that, so it will be, you know, we're working concurrently rather than waiting until the end and then handing them what we've done from a policy perspective for them to then go work on the standards perspective. We just want it to be an iterative process so that there is no gap in time.

Lawrence Garber – Reliant Medical Group – Medical Director for Informatics

That makes sense, okay.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Okay, great, next slide please? So, in terms of the timeline for this Workgroup we've got meetings scheduled out, I think we only have them scheduled through August right now, right? So, we're going to have to schedule a couple in September, is that right?

Michelle Nelson – Office of the National Coordinator

I think there's actually 2 dates on the calendar for September.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Oh, okay, so we'll just need to put those on here, but, as Michelle said we want to … so today we want to cover just, you know, first high level conversation around principles and high level goals and objectives for Stage 3. The Meaningful Use Workgroup is going to be drafting and draft is in capital letters there I think because it's going to be a very sketchy draft, but, you know, whatever we can get from them will be shared with us on July 3rd and will be something that we can, you know, sort of react to, obviously we, you know, may and should have our own ideas that we bring to the table, but at least that will be … we'll be able get out of…and I think that's the Continuity of Care Subworkgroup or is that going to be the entire workgroup Michelle?

Michelle Nelson – Office of the National Coordinator

We'll share everything from the entire workgroup, they have a meeting on the 3rd so we're hoping coming out of that meeting we'll have draft recommendations.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Right.

Michelle Nelson – Office of the National Coordinator

But the assumption being that most things related to the IE Workgroup will come out of the Continuity of Care Subgroup.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Okay. And then we'll spend 2 meetings working on drafting recommendations for Stage 3 based again on our reaction to what we get from the Meaningful Use Workgroup as well as ideas that we generate on our own. October 1st is the Policy Committee meeting where we'll give our preliminary recommendations to the Policy Committee and then we'll get another 2 meetings after that during August to take whatever input and feedback we get from the Policy Committee as well as anything else that we develop on our own or that we get from the Meaningful Use Workgroup or any other sources and then with an eye toward … and as Michelle said, we have a couple of meetings scheduled in September as well, so that'll give us the opportunity, assuming that the Stage 2 rule is finalized in early September, sometime in September, hopefully we'll have at least 1 meeting that we can work on, the reconciliation process between the Stage 2 final rule and our emerging recommendations on Stage 3 to the extent that there are any alignment issues there with an eye toward being able to give final recommendations to the Policy Committee on October 3rd.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So, Micky, I know I was on the phone when the phone call started, are we keeping the same times on the 11th and the 25th now or are those changing?

Michelle Nelson – Office of the National Coordinator

The 11th meeting is probably going to move to July 12th at 12:00 p.m.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Okay, I'm just going to put a hold then at least until I know that that is confirmed.

Michelle Nelson – Office of the National Coordinator

We just discussed that before the call was even opened.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Yes, okay. So, unless there are any other questions I suggest we move ahead because we only have an hour and I want to make sure that we have a lot of time for open discussion. So, can we advance the slide, please?

Okay, so Michelle is now going to walk us through and quickly, please, some data from the Regional Extension Center Program and there are a lot of slides there and we did discuss, you know, sort of how much detail do we want to provide here and there's, you know, 10 gazillion ways of slicing and dicing this data and I think, you know, from a high level, just to get to the end here, you know, there is pretty limited kind of information that we can take from this and for all sorts of reasons related to the data itself, but also once you see the data and we talk about it a little bit, you know, what can you really interpret and infer from, you know, some of the things that are being reported from the RECs, but that said, we thought it was important to have whatever information we have from any of the ONC programs available to all of us before we…as background for us to have a thoughtful conversation about, about Stage 3. So, Michelle, if I can ask you to walk us through pretty quickly if you don't mind I'd appreciate it.

Michelle Nelson – Office of the National Coordinator

So, I'll be quick and it's going to be presented in detail during the July Health IT Policy Committee meeting, so if people want all the other detail you'll get it then. So, just quickly, we started…well the REC program started to accumulate this data back in November prior to the annual meeting. So, it doesn't go back to the beginning of the program, which is, you know, something that should be kept in mind and also come November 2011 a lot of RECs already had a means to capture barriers or issues, you know, they had their own project management system in place at that time. So, some changed their system and began entering barriers or issues into the customer relationship management system that they use, which is called…and some did not.

Some entered barriers for every single thing, so even if a practice was on track they were still entering that information. Others only entered barriers for issues that were occurring and things that were happening in the practice. So, keeping that in mind, next slide, and barriers can be entered at both a provider level and a site level. Next slide.

And so this slide shows the different barrier categories that can be entered and for the most part what we'll care about in this group is the Meaningful Use measures, so the specific issues that providers or sites are experiencing related to Meaningful Use measures. Next slide. So, this slide details the specific measures that providers are having trouble with going back to November. So, the clinical summary measure always seems to be near the top of the list, for what we care about probably the electronic exchange, core 14, med reconciliation, ePrescribing and the electronic copy are probably the most related to this Workgroup's work. So, just seeing that all of those measures though do rank in the top 10. Next slide.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

So, just…

Michelle Nelson – Office of the National Coordinator

Sorry, okay.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Yeah, if we could just go back.

Michelle Nelson – Office of the National Coordinator

Go back.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

So, on this one it might just be worth pausing here and just looking, you know, just thinking about, you know, so what is this telling us? The clinical summary, and I know we talked about this, but I forgot the answer, the core 13 this is the post encounter medical summary given to the patient, is that right?

Michelle Nelson – Office of the National Coordinator

Yes, it's just a paper summary.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Right, so this isn't the summary of care CCD for transfers of care?

Michelle Nelson – Office of the National Coordinator

No.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Yeah, so that's an important distinction to make, amazing that it's that high on the list, but, that's a whole separate conversation. So, you know, really now where is the summary of care exchange in this? Does it just not appear?

Michelle Nelson – Office of the National Coordinator

It doesn't appear.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Interesting.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So, are we saying it's just not in the top 10 barriers?

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Just not in the top 10.

Amy Zimmerman – Rhode Island Department of Health & Human Services

What is electronic exchange then? That says facility to facility exchange; wouldn't that include that in there?

Michelle Nelson – Office of the National Coordinator

That's the HIE test essentially.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Ah, okay.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Yeah.

M

HIE test?

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

A single test that we recommended getting rid of, because no one could figure out what it was, so these are only the people who tried to do it everyone else ran away from it. Oh, no they couldn't this was a core, right?

Michelle Nelson – Office of the National Coordinator

Right.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Micky, actually when we get to the next page you'll see summary of care record there.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Oh, okay.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Next, table, so we'll have to see what that means then.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Okay.

Michelle Nelson – Office of the National Coordinator

Yeah, so remember this one goes back to November and then the next slide is essentially the month of June. So, if you can move to the next slide.

Seth Foldy – Centers for Disease Control and Prevention

Just one question, I'm trying to figure out ranking?

Michelle Nelson – Office of the National Coordinator

Yes.

Seth Foldy – Centers for Disease Control and Prevention

So, ranking is by number of providers impacted over the entire period and then in the last column is just kind of more of a trending, so I mean, because the percentages in the last column are totally different than the ranking percentages.

Michelle Nelson – Office of the National Coordinator

So, the last column is representative for the month, which will be the next slide essentially.

Seth Foldy – Centers for Disease Control and Prevention

All righty, thanks.

Michelle Nelson – Office of the National Coordinator

Yes.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

It's a prevalence of impetus.

Michelle Nelson – Office of the National Coordinator

Next slide. So, this is for essentially the month of June and you'll see med reconciliation is much higher on the list and there's a summary of care record, number 4, so maybe there's more providers attesting, you know, it's hard to figure out why the data has changed for the month of June, but, so there are some things that will affect the IE Workgroup discussion on this list.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

And one thing to remember on really on any of the…any of these except for…going all the way down to 7 ePrescribing, is that there was no requirements that any of that be electronic for anything above that. Summary of care record for example there was no requirement at all for it to be electronic; it was just that they generate it.

Michelle Nelson – Office of the National Coordinator

So, are there any questions about this before we move on? Next slide. And so this takes the data and does it by practice type, so it is kind of interesting you'll see under rural health clinic that the number one issue is around ePrescribing still. When we were reviewing this data with Micky we were a little bit surprised to see that and it was somewhere else as well.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Specialty.

Michelle Nelson – Office of the National Coordinator

Thank you, yes. So, there is some disparity still based upon practice type, which is reflective in this slide. Any questions about this before I move on?

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

No, I think I would just say I think that seems to, assuming that there is something meaningful there in that segmentation on the reporting, it seems to confirm the caution that we had in our Stage 2 recommendations related to ePrescribing and the aggressiveness of moving up the objective measures given the disparities across the country and ePrescribing availability.

Amy Zimmerman – Rhode Island Department of Health & Human Services

This is a really silly question, but you see, we're on row four you've got sort of the four and the eight with the arrows?

Michelle Nelson – Office of the National Coordinator

Yes. So, I believe, so this data was put together by … from the ONC team, I believe that's saying it moved up four since the last month she reported it and the one next to it, it moved up 8 spots from the last month she reported it.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Thank you; I really was missing what it was meaning, so I appreciate it.

Seth Foldy – Centers for Disease Control and Prevention

And does that mean then that this slide is also a one month snapshot of recent, it's July and not the total?

Michelle Nelson – Office of the National Coordinator

I believe this one is the total, but it must be the June data that's making it rise so much higher.

Seth Foldy – Centers for Disease Control and Prevention

Okay, thanks.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

So, I think this is the last slide, right Michelle?

Michelle Nelson – Office of the National Coordinator

I believe so.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Yeah. So, you know, I don't know would love to hear, you know, again I think, you know, when we had our internal call about this we, you know, we did I think come away thinking well you can't make too much of this, but you know, it's sort of interesting perspective in the background, at least for me the…you know, some of the take-aways are just that even for, as we were just describing with ePrescribing for example, the infrastructure, even on the most mature types of transactions that we have is, you know, still seems to be a lot of heterogeneity in the market, which is always just going to present a barrier. Hopefully, three years from now we're not going to be in that position with ePrescribing at least, but I think we just have to recognize that that is going to be true for a whole bunch of transaction types as we think about this, that there is a lot of heterogeneity in the market and whatever we do has to be able to be flexible to that.

The second is that a lot of this stuff just … and I think everyone on this calls knows that it is not about, you know, making the electronic connections, it's about all the process stuff that underlies that to be able to make use of the ability to have health information exchange. So, the fact that some of these, you know, 4 or 5 basic things like the clinical summary, like patient reminders those things did not have an electronic exchange requirement at all and we're still, you know, significant barriers just, you know, people being able to move on those. If you can't even generate those things then, you know, it's an additional step to say that you need to be able to send them electronically. So, just keeping that in mind. I don't know do other people have any reactions to any of this data?

Seth Foldy – Centers for Disease Control and Prevention

Well, just to say that in the immunization world there has been considerable meetings and analysis to … not looking at this data but other things we've been hearing and, you know, we see it breaking down, you know, that really is an information exchange item and so it signals a lot of the issues for the future of any information exchange item.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Right.

Seth Foldy – Centers for Disease Control and Prevention

And, you know, we've broken it down into in what ways is the implementation guide potentially deficient, in what ways is the certification process of EHRs potentially deficient and to what extent is local variation in the implementation of a national implementation guide an issue, and so we've been trying to take an orderly attack on each of these and think that there is … hopefully we'll have some good lessons to report as we see how it rolls out in Stage 2, but it breaks down into at least those 3 areas and we suspect that that's probably a universal issue, universal categorization. Seth Foldy speaking, sorry.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Right, right. Yeah, no, Seth could you just … I think that was very helpful, what were those 3 issues again?

Seth Foldy – Centers for Disease Control and Prevention

So, basically the degree of tightness of fit, if you will, of certification of the EHR.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Yes.

Seth Foldy – Centers for Disease Control and Prevention

The quality of the implementation guide itself, in other words how clear is it and how concise is it and how constrained is it? And then finally, how much local variation there is on the implementation of a national guide?

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Right.

Seth Foldy – Centers for Disease Control and Prevention

And some of that local implementation changes legally required but it requires some modest changes at both ends, you know, by the senders to the national guide and so those are the three.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Right, thank you. Okay, unless there are any other questions, comments, any other prospectives that people want to bring to the table about, you know, what we think is going on in the market and certainly if any of it is at odds with what we see here it might be a good time to capture any of that and then we can jump into the more general conversation about principles.

Amy Zimmerman – Rhode Island Department of Health & Human Services

This is Amy, I'm not sure that this really helps, but, you know, I've had a couple of meetings recently, in our state we have … and I'm using this as an example, so not the specifics, you know, we have a state-wide mandated continuity of care form and we're in this dilemma because there are people working on changing the paper version and I'm trying to say we want to get away from paper, we want to go electronic, we have the haves and we have the have nots and it just seems to be…you know, we just met with the CIO of all the hospitals and they are all in very different stages and hybrid stages of paper and electronic.

And, you know, as you were talking Micky I was trying to think can I envision the world three years from now and assume what it solves and what isn't and I'm struggling with that because it just feels like it's like just a lot of spinning commotion right now and maybe I'm exaggerating, I don't mean to be, but, you know, we have home health and long-term care, and hospital folks all thinking about the transition of care and continuity and maybe Stage 2 will drive some of that better than where we are now, but it just seems like it's a challenge to try and think about this interim stage until we get everyone to having electronic tools enough to be able to do the information exchange.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Right, right, well you have about 2 or 3 slides to get your thoughts together on that and then …

Amy Zimmerman – Rhode Island Department of Health & Human Services

And I'm sure …

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

You've got plenty of time.

Amy Zimmerman – Rhode Island Department of Health & Human Services

… some of that same feeling, so.

M

Yes, ditto.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Okay, great, let's advance the slides and then we can just open up the conversation, but next slide please, next slide. So, this a high level -- you know, this is, it's just have 3 slides here that can just give us … really just planting seeds of our icebreakers, you know, for conversation. So, this is just an example that Michelle was able to get from the Meaningful Use Workgroup Subgroup 1 on, you know, what kind of principles they laid out from their first meeting. Again, we don't have to follow … certainly do not have to follow any of the details, but just wanted to give you a sense of, well you're kind of the level of conversation and, you know, sort of crystallization of that conversation that's happening from, you know, from another Workgroup that's starting to think about this stuff. Again, you know, sort of high level, at the principle level and of course we can, you know, attack this any way we want. Next slide, please.

So, as I said these are the same questions, these are the questions that we teed up before and I think are questions that we want to think about as we, you know, as we think about this and I won't read each one of these again, but, you know, I think, you know, what's the next level? What do we think the barriers are? Can those barriers be addressed, you know, 3 to 3.5 years from now? And then what role do we see CMS, ONC in the different...and each of the FACA committees playing? And I just have one more slide and then we'll open it up. Next slide please.

So, we took a stab at … I know Claudia Williams has reached out to a number of you and she is doing sort of different, you know, sort of just very random almost I think based on, you know, who she could make contact with, so don't feel left out if she wasn't able to contact you, but just trying to do some very, you know, specific, you know, sort of one on one, quick and dirty, one on one conversations with people about just these same questions, you know, where do you see this headed? What are your, you know, top of mind thoughts on this and we were able to get some of that before she left for the training that she is on now and took that and then tried to extrapolate it little bit further to just put some stuff together that is really just a way of starting the conversation to say, well, you know, if we're going to think about possible strategic directions for Meaningful Use Stage 3, you know, is there sort of almost, you know, sort of a strategic overlay that you could think about with some of these, and again we can mix and match or, you know, completely dispose of this kind of, you know, thinking about a framework as much as we want, but, you know, there seems to be, from what I can glean from some of the notes that we got from Claudia, one group of, you know, sort of thinking that was about lets consolidate our games, which would essentially mean, you know, don't push the market faster than its ready to go, focus more on increasing performance against existing objectives, so move ePrescribing up to the, you know, up higher to, you know, 80%-90%, I mean I'm making these numbers up, move labs up to, you know, 80%-90% and have that be more of the focus rather than pushing on a whole new set of core requirements.

And so, you know, its arguably saying let's make sure that we, you know, to the extent that we've got movement in a very specific set of things that we're starting to require, we're starting to see some market attraction, lets really just, you know, rather than trying to dilute what might be, you know, sort of our ability to influence that going forward, let's just see if we can consolidate the games in what we've already laid out.

Another way of looking at it, which would, you know, sort of, you know, take it in a different dimension, which would be, you know, sort of as I characterize a sprint to the summit, which would be keep moving forward, keep pushing forward on objectives and associated technology requirements. If we think that there's a next level with respect to health exchange, however you want to characterize that, if it's lets…you know, we need to move from push to query, we need to be able to consume patient information, you know, all sorts of things, we need to be able to consume public health alerts. Let's say that that is the next level and we ought to be continuing to push forward with a new set of … or a new dimension on objectives and requirements that get us up to that level.

And then another way of looking at it might be to say, well let's really have this be more focused now on emerging payment models and that might mix and match, you know, some of the ideas from the previous too, it's not as if these are all mutually exclusive, but the idea there would be, you know, to say, should we really think about this with a specific framework that's focused on where we'd like to head with respect to health reform regardless of what the Supreme Court says about that.

So, you know, the idea would be do we want to develop some objectives and related technology requirements to support key clinical administrative pathways that are underlying some of these emerging payment models, so what might that mean? That might mean that we think a little bit more about the pathways and what are the sort of the objectives from a behavioral, you know, sort of aspect of what we would need to be able to, you know, sort of enrich those pathways and make them more common than they are right now and easier to transact in the market as well as the behavioral component, as well as the technology requirements, so that might be more of a focus on continuity of care. What do we mean about that and how do we, you know, sort of lay the pavement for that as it were?

Case management, risk management analytics, which is, you know, the whole thought of not only being able to have the ability to measure, but the ability to aggregate, consume information that will make those measurements richer and more meaningful let's say and then be able to communicate those and also being able to integrate different types of information, so we're talking about clinical as well as administrative that can help people move to the next level by way of risk management.

Population health, there's a whole area of consideration related to patient generated information whether it's the PROMS, the patient reported outcome measures or other types of patient generated information, there's a lot of thinking, you know, being given there, do we want to push hard on those in this framework and then administrative transactions in general, which, you know, there's been a lot of…from the beginning I know health plans in particular have been concerned that Meaningful Use has been focused on the clinical side and not as much on the administrative side and, you know, a lot of people recognizing that all right we've got to get the clinical side first, but, you know, do we want to let Stage 3 happen without more of a focus on administrative simplification and whatever ways, you know, whatever we might mean by that. And I'm sure there are others which I now turn to all of you for your wisdom and guidance on this. You know, would love just any conversation about this. Let me just throw it open and see where people are and then we can take it from there.

Peter Devault – Epic Systems Corporation

Micky, this is Peter; I'll stick my neck out first.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Great.

Peter Devault – Epic Systems Corporation

So, I think on the whole I fall into the consolidator gains camp, it seems like by the time we come out with Meaningful Use Stage 3 rules we should have learned, although it's early at this point, we should have learned the kinds of measures that really are making a difference and focus on those, so having some focus. There is one exception to that and it seems like there is sort of an ark that I'd like to see completed so in Meaningful Use Stage 1 we had the ability to produce a care summary record, in Stage 2 we have the ability to actually send that somewhere for plans, transitions of care, especially with the focus on Direct and it seems that in Stage 3 we should do some critical focus on unplanned transitions of care, so the emergency department use case involving query retrieve kinds of transactions.

Lawrence Garber – Reliant Medical Group – Medical Director for Informatics

This is Larry; I'll respectfully disagree with Peter. So, I think just one thing just right off the bat is instead of calling it emerging payment models I would say emerging care plan models, I think the word payment is a lightning rod I'd stay away from that. I think that, you know, from my perspective for the most part Meaningful Use Stage 2 is, and I have to apologize they're doing construction above me, Meaningful Use Stage 2 is really consolidating our gains and I think we really need to strive to be bolder in Stage 3.

So, I agree with Peter's point about, you know, looking for the other models where, you know, query, you know, from the emergency department is possible and I'd like to sort of lump that into sort of another category, which I call hassle-free health information exchange. So, that's hassle-free for the providers, you know, so that we can more readily and easily, and efficiently, and automatically move the patient data, and hassle-free from the patient perspective in terms of their ability or needs to giving consents.

So, I think that, from my mind, I think that's really one of the major goals. So, hassle-free from the patient's perspective is if we can define in a more standard way how patients can define that they're authorizations, you know, in terms of which organizations or providers, what types of data, for what purposes, over what period of timelines? You know, enables subscription models, it enables, you know, standing consent so that you don't have to get authorized, you know, multiple times. It enables, in theory, you know, across state boundary authorizations even though our rules are all different, if we have a standard way of defining what we're authorizing that may be an enabler.

And then also that leads to another piece of the hassle is the ability to get the data incorporated into our EHRs, you know, that's where I want it and, you know, as a provider and so I think that's part of the hassle-free aspect that I think we should be pushing for.

Ted Kremer – Cal eConnect – President & CEO

This is Ted in Rochester, so related to that hassle-free piece you mentioned sort of the query and the ED, and one of the things that we haven't seen, and maybe I've missed it, is in the old world Markle we talked about publish and subscribe but being able to get alerts, and subscribe to patient information flowing directly into you EHR without having to query for it. It seems like something we might want to be thinking about moving towards. The one question I have though, Micky, looking at, you know, the focus on emergent payment models, so many of those examples there start moving into sort of whole other product suites whether it's care management or risk management analytics, and I wonder to what extent we actually want to start expanding an EHR to do that, just don't know.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Yeah, I think that's a great point, Ted and I would just throw in stuff there really to figure out … really to elicit the kind of, you know, comment that you just made which is what are the boundaries of, you know, what we want to be recommending.

Ted Kremer – Cal eConnect – President & CEO

So, there is that boundary question and then just going back to the publish and subscribe, I don't know if that has come up anywhere else in the other stages where a physician can ask to get admission alerts or ask to get, you know, a profile of lab results related to diabetics without having to do a query and where they may not be sort of set up as a direct ordering of those results.

Lawrence Garber – Reliant Medical Group – Medical Director for Informatics

I mean, that definitely, in my mind, fits into that hassle, you know, critical to the hassle-free …

Ted Kremer – Cal eConnect – President & CEO

Right, that's what I was thinking.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Yes.

Lawrence Garber – Reliant Medical Group – Medical Director for Informatics

Yes, absolutely.

Amy Zimmerman – Rhode Island Department of Health & Human Services

This is Amy, I mean, certainly for Stage 2 and Seth can address this on the, you know, recommendations coming out of Meaningful Use Workgroup around population health making bidirectional data is definitely and I think in other Workgroups too or subgroups, there are going to be an important trend, whether it gets to exactly what you're saying on the publish and subscribe at a more aggregate level versus a bidirectional flow on an individual level I'm not sure we've quite talked about that, if that's what you're referring to.

Seth Foldy – Centers for Disease Control and Prevention

Right, I think in some of the…Seth Foldy here with some of the public health considerations clearly trying to establish the link back, the closing the loop from immunization registries to providers is a high priority, but again, I think Amy's point is a very good one, I don't know that there's necessarily a strong commitment to either a query and retrieve or a subscribe model, so that's a very good observation.

Secondary, I guess I would endorse what several others have already said that data capture in the EHR seems very fundamental for so many processes down the road that I would tend to put a premium on that and it kind of falls somewhere between the consolidate our games … I mean, it kind of covers the three zones on this slide.

And then the third is that we hope to be able to offer some form of at least a modest addition to the public health reporting repertoire that offers considerable administrative simplification but it's too soon to know if we'll be ready by fall with a very concrete recommendation there, but we hope to be.

Amy Zimmerman – Rhode Island Department of Health & Human Services

So, this is Amy, and, you know, Seth, I'm kind of where you are, I'm struggling between the sort of consolidate the gains and, you know, it's a broad versus deep, and I tend to take sort of a middle ground, because I think that if we don't go…if we go too broad without going deep or feeling like what we're getting is sufficient in quality then going broad isn't going to get us really anywhere except in spot places. So, I think there maybe a little bit of both, thinking about where you need to go deeper and up the performance metrics on certain things and in certain areas but maybe not in all, go a little bit broader so that you're sort of getting the best of both worlds.

I also think that whether we say emerging payment models or care plans, I mean, I think there is going to be a demand for that, we kind of have to align this with where new models of care delivery and payment are going to go and be able to support that or I think we're going to fail. So, however … I don't know that I have specific examples in mind right now, but I think we have to think along those lines and in 3 years, I mean, that's the challenge, we don't exactly know where we'll be with that, but I think we have to have this be prepared to support that.

Seth Foldy – Centers for Disease Control and Prevention

I suppose, it's Seth Foldy, on my last observations we do view query as fundamental, you know, it's clearly one of those things that once the skeleton is in place we may not even be able to imagine all of the ways in which it could potentially be utilized, so we would probably put out a premium on that as well.

Dave Goetz – OptumInsight – Vice President for State Government Solutions

You know, this is Dave Goetz, and I basically agree with driving around payment. I mean one of the things…and care, I think those are the two kind of halves of the same coin as we see these things go and, you know, one of the…we know that adoption generally is poor, we know that, you know, that what motivates people to do that is in fact, you know, both the aspirational part of care management and the harder reality of payment. So, that if we focused on that and on doing those things that I think that the hassle-free idea is exactly right that make it the easiest path to follow not and anything else harder unless rewarding financially, that's what, it seems to me we need to do and to some extent that's following the market, but that's pushing the market a little too, which I think we've been a little timid on that just to be frank.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Right, so this is Micky, I mean it seems like some themes that are coming out are one that following on Peter's initial thought on the consolidate our gains but let's have a couple of tendrils shooting out of that, specifically related on the clinical side to some type of ability to query or receive information in a model where it's not just about the sender pushing information to a known receiver, so, for unplanned transitions of care. So, that seems to be a pretty common thread I think in all of the comments that people just raised. So, that seemed like it was first a pretty common theme.

The second that I heard was related in general to, you know, sort of getting to the next level with a focus on where the market is headed in the way of care models and then it seemed like there were a couple of different thoughts there. I wanted to just ask Larry for a second, when you were talking about, you know, being able to have more automation of things for some of the administrative transactions like authorizations, things like that, what are we talking about there as we think about extending that to the next level, I mean we have clearinghouses now that will do, you know, a lot of the HIPAA type transactions around eligibility, what have you, there is, I think, and I'm not an expert in this, a lot of variation in the market with respect to authorizations for referrals, things like that, that are not nearly as well automated as we'd like. Are you thinking about that whole set of types of administrative transactions being something that are incorporated as a part of standards within EHRs?

Lawrence Garber – Reliant Medical Group – Medical Director for Informatics

Actually, when I was saying…when I said authorizations, I really wasn't talking like prior auths which I would love for us to get to, but I was really specifically talking about the ability to…in order to do it as a subscription model where, you know, publish/subscribe where I tell some other organizations that I want to subscribe to, you know, certain types of information on this particular patient I need to be able to tell that organization that I have the authorization for my patient to do that and so in order to do that there has to be some standard way to define those authorizations if the patient had said, it's okay for my PCP to get everything about me or they can…

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Got it.

Lawrence Garber – Reliant Medical Group – Medical Director for Informatics

You know, they can get, you know, discharge information or whatever, so that's really where I was going with that is I think an underpinning to the ability to do the publish/subscribe or for that matter even a lot of the queries, it would be simplified if we had defined, you know, patient authorization … how patients can give their authorizations, you know, indiscrete, in a predefined format that can be passed to another organization and say here, see I got the authorization this is what they authorized me to do.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Yes, okay, so it was Ted's point, yes.

M

I definitely second that.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Okay, so that makes a lot of sense, it seems like there is a lot of consensus around that one as well. So what do we think about the administrative side then? Is there more to push on there?

M

I really think the ability to do prior auths both for medications as well as for procedures is, you know, is completely dysfunctional right now, you know, there is real lack of standards and use of standards and I'd love to see us move forward. I don't know if that's achievable for Stage 3, but, you know, that fits into that hassle-free idea which is right now it's a real pain in the neck to do prior auths.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Right and we certainly have to think about what is the scope of HITECH and, you know, does it allow the statutory and regulatory levers that would allow that as well.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Well, I was going to say you may be able to build it more on the EHR side, but I'm not sure what needs to happen or be corrected on the insurer end and whether … and I would assume that's not covered under HITECH.

Dave Goetz – OptumInsight – Vice President for State Government Solutions

No, but I think if you think about the payment models and all of that and kind of the shift of the risk influction point that will drive them to change and again, can the clearinghouses do that, but, you know, there are things like, you know, the things that do drive, you know, physicians crazy about prior auth that need to be … if we could come up with a way to say this is how the systems are going to interact with that and we'd come at it from the EHR side then I think the plans adapt.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Right, interesting.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Yeah, I was going to say even … and again this shows some naivety on my part, but do prior auths even change given new payment models?

Dave Goetz – OptumInsight – Vice President for State Government Solutions

Yes.

Amy Zimmerman – Rhode Island Department of Health & Human Services

Because the risk may not be now the insurer, the risk may be more with the ACO or the care entity who, you know, so what is a prior auth, may become a new …

Dave Goetz – OptumInsight – Vice President for State Government Solutions

Well, but it may be internal to the provider also.

Amy Zimmerman – Rhode Island Department of Health & Human Services

That's what I mean, so the definition of prior auth, from what we're thinking about today versus where we'll be in 3 years maybe very different.

Dave Goetz – OptumInsight – Vice President for State Government Solutions

But everybody's going to have noncompliant docs in their organization, right? I mean that's going to be a … you'll still have to deal with that.

M

…

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Okay, so it seems like there is certainly interest in trying to think about how that administrative side can be baked in, but we would need to do a lot more thinking about, first off, what…you know, what does HITECH allow and then specifically allow in the way of, you know, direct statutory and regulatory levers and today's point there's a whole softer side to this, which is if you put stuff in place the market may respond even if it's not, you know, even if the direct levers aren't there. Is that a fair encapsulation of that last thread of conversation? Okay, well I know we're…this is a short call actually, so we're just getting to the end of our time, but I think … at least to me that was really, you know, just a great laying of some groundwork in the way of, you know, sort of thinking about this and just to recap quickly.

I mean, it sounds like we do have, you know, some sense that we want to be able to take information exchange at least to, you know, the next level to enable the ability to have information conveyed outside of a planned transitions of care and whether that's, you know, sort of pulley on the ability to do that query ED type of model, that type of function which would support a lot of use cases, not just the ED use case, as well as, you know, sort of what might be a variant or sort of a different set of use cases the publish/subscribe kind of idea of being able to authorize different organizations to push things back to the organization that's asking for the authorization to be able to receive information, it seems like there is a lot of thinking there and some consensus around being able to do that.

And then the second is pushing forward on the administrative side a little bit and I think probably in future Workgroup calls we may want to push a little bit harder on the patient generated information side and see how far we might want to take that and we'll also, I think, be in a place to be able to respond to what's coming out of the Meaningful Use Workgroup as well that will give us a little bit more to work with as we go into the July meetings.

Michelle Nelson – Office of the National Coordinator

Micky, this is Michelle, just related to the patient generated data, there was a hearing that the Health IT Policy had on June 8th and there will be a summary of it during the July meeting, but depending upon where there Meaningful Use Workgroup lands, maybe a few of those slides should probably be shared here, but we can figure that out in the future.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Okay, that would be great.

M

And there is a call for comment on that on the ONC blog.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Great. Okay, terrific. Well, thank you everyone. I know it was a short call but I actually think we got a lot done and I think it was a great start to what's going to be a couple of months long conversation now. So, let me turn it back to MacKenzie for the public comment.

MacKenzie Robertson – Office of the National Coordinator

Sure, operator, can you please open the lines for public comment?

Public Comment

Caitlin Collins – Altarum Institute

Yes. If you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We do not have any comment at this time.

MacKenzie Robertson – Office of the National Coordinator

Thank you.

Micky Tripathi – Massachusetts eHealth Collaborative – President & Chief Executive Officer

Okay, great, thank you everyone.

M

Thanks, bye.

Michelle Nelson – Office of the National Coordinator

Thank you.

M

Thanks.